

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

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APR 07 2021

BY: *[Signature]*

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: April 7, 2021

Case Number: 21-122

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Southern Arizona Veterinary Specialty & Emergency Center

Premise Name: DR. Dawn Bachman

Premise Address: 7474 E. BROADWAY Blvd.

City: Tucson State: AZ Zip Code: 85710

Telephone: (520) 888-3177

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: DAVID & RENÉE BAKER

Address: [Redacted]

City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Home Telephone: [Redacted] Cell Telephone: [Redacted]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Abby BAKER
Breed/Species: YORKSHIRE TERRIER
Age: 11 yrs. 4 mo. Sex: FEMALE Color: BLACK/TAN

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

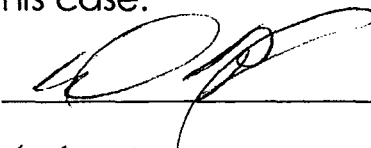
SEE ATTACHED

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature:  Renee Baker
Date: 4/5/2021 4/5/2021

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

SEE ATTACHED

David & Renee Baker

April 5, 2021

Arizona State Veterinary Medical Examining Board

1740 West Adams Street, Suite 4600

Phoenix, AZ 85007

To Whom It May Concern:

We are writing this letter to bring a serious issue to your attention. On November 7, 2020 we had to put our 11 year-old Yorkshire Terrier Abby to sleep. Abby had been fighting lymphangiectasia since it was first diagnosed in January of 2020 by Dr. Polina Vishkautsan DVM, at Veterinary Speciality Center in Tucson. At first Abby responded well to treatment and we were hoping to see her go into remission. Unfortunately, a few months into treatment Dr. Vishkautsan had a family emergency causing her to leave Tucson whereupon we moved Abby's care to Dr. Brisa Hsieh, DVM, DACVIM at Southern Arizona Veterinary. After a short while under Dr. Hsieh's treatment she, Dr. Hsieh, announced her departure from private practice.

Subsequently, we moved Abby's care to Dr. Dawn Bachman at Southern Arizona Veterinary. By this time Abby was stable but clearly losing weight and seemingly not heading toward remission. Abby was on a number of medications, one of them prednisone. She had been on it since the very beginning with Dr. Vishkautsan.

Dr. Bachman promptly changed Abby from oral prednisone to an injected dosage. Herein lies the basis of our concern and complaint; Dr. Bachman was acutely aware of Abby's medication regimen, including prednisone as indicated by her making the change from oral to injection. So, on October 27, 2020 when we took Abby to see Dr. Bachman and told her we had just started giving Abby carprofen for the abdominal pain she was experiencing, Dr. Bachman should have told us carprofen is contraindicated with prednisone. She did not but she did record the simultaneous usage in notes (attached).

Following this visit to Dr. Bachman, Abby's condition grew worse, rapidly. By Friday, October 30th Abby was clearly in trouble. Dr. Bachman does not work on Friday, so out of desperation we called the office of Abby's regular doctor, Dr. Koski, and advised the staff of Abby's condition. She was suffering from diarrhea and not eating or drinking.

Dr. Koski's staff said to bring her right in. Still on the phone, we told the staff our need of more carprofen for Abby's pain. Within minutes Dr. Koski's staff called back asking if we were giving carprofen to Abby and, if so, we were to stop, immediately. Later, when we took Abby in, we were told she was very dehydrated, so they gave her fluids before we took her home. On November 4 Dr. Koski's office showed us how to give her fluids, but by then Abby's days were clearly numbered. Abby never really rebounded and in the early hours of November 7th Abby suffered 3 seizures leaving us no choice but to put Abby to sleep.

In conclusion, although Abby was suffering from a terminal condition, it is my belief that we would have had more time with

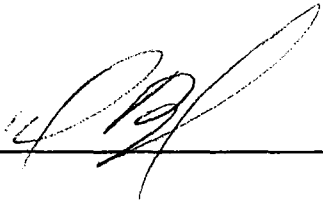
her had we been told by Dr. Bachman to cease giving her contraindicated drugs.

Adhering to the advice found on your website, we did attempt to convey our concern and disappointment in Dr. Bachman's seemingly neglectful care for our precious Abby. Over a month ago I called her office and spoke with the office manager, Sue, explaining everything. I was told she would discuss this with staff and Dr. Bachman but, as of this writing, we have not heard back from anyone.

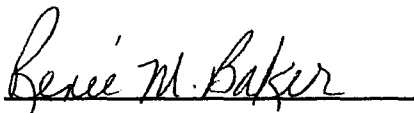
Thank you in advance for your attention to this matter.

Sincerely yours,

David A. Baker

A handwritten signature in black ink, appearing to read 'D. Baker', is written over a horizontal line.

Renee M. Baker

A handwritten signature in black ink, appearing to read 'Renee M. Baker', is written over a horizontal line.

Abby's Doctors

Suffolk Hills Pet Clinic
Erin C. Koski, D.M.V.
7770 N. Oracle Rd
Tucson, AZ. 85704
(520) 742-1194

Veterinary Specialty Center of Tucson
Polina Vishkautsan, DVM
Internal Medicine
4909 N. La Canada Dr
Tucson, AZ 85704
(520) 795-9955

Southern Arizona Veterinary Specialty
Brisa Hsieh, DMV, DACVIM
141 E Ft Lowell Rd
Tucson, AZ. 85705
(520) 888-3177

Southern Arizona Veterinary Specialty
Dawn Bachman, DMV, DACVIM
7474 E. Broadway Blvd.
Tucson, AZ. 85710
(520) 888-3177

April 21, 2021

In re: 21-122 (Dawn Bachman)

Narrative Letter for Abby Baker:

I evaluated Abby Baker on 10/20/2020 for an initial examination (follow up from another internist – Dr. Hsieh) for severe PLE (protein losing enteropathy – previously diagnosed). At that time Abby was not doing well, her albumin, cholesterol, and calcium were low. I increased her current prednisone and calcitriol and since I was concerned about these levels, her weight loss, and poorly controlled GI signs (poor appetite, vomiting), I recommended rechecking in 1-2 weeks.

On 10/27/2020 Abby rechecked for severe debilitating PLE (protein-losing enteropathy). She was doing worse and we worked her in for this appointment. She had lab work and an abdominal ultrasound performed. Her albumin and calcium were worse and she was diagnosed with pancreatitis in addition to her severe PLE. She had also lost weight. Since she likely was not absorbing her prednisone well, she was switched to injectable prednisone equivalent with dexamethasone injectable.

At this visit, the owner reported to my veterinary technician (Sierra Stilchen) that they had given Abby a single dose of carprofen prescribed by her primary care veterinarian. My veterinary technician informed me she told the owner that we do not give this medication with prednisone and would check with me regarding the single dose of carprofen and if anything needed to be done.

I felt a single dose of carprofen would not be detrimental and understood based on communications with both my veterinary technician and the owners that this was not a current medication and would not be continued.

Medications both current and what I expected to be continued were listed in detail on her discharges. I spoke with the owner at discharge and discussed the suspected pancreatitis (at that time the final radiology report was pending) and my concern for progressive severe PLE. I informed the owners that we are not controlling her PLE despite aggressive therapy and that some dogs may not be controlled. I reviewed the medication plan (clearly not including carprofen) and recommended recheck in 1-2 weeks as I felt she was rapidly worsening. I also recommend seeing emergency if she worsened and I was not available.

Abby had a recheck scheduled for Nov 5th which the owners cancelled. When staff called regarding Abby's refills on 11/8/2020 I was alerted the owners had elected humane euthanasia due to progression of her PLE. Unfortunately, this was not unexpected based on her rapid progression despite aggressive therapy.

In the complaint letter, the owner's note they contacted the hospital manager (Sue Frey) regarding concerns (February 2021). I was not informed of these concerns or any of the communications from either owner or hospital manager until the case was recently reviewed due to the board complaint.

I recently spoke with our hospital manager and she did speak with the owner in February 2021 and discussed that carprofen was not prescribed or recommended according to my records.

The owner notes in the complaint letter that Abby declined and was euthanized due to seizures. Based on her history I suspect her seizures were secondary to hypocalcemia and poor control of her PLE.

I am saddened that Abby's PLE could not be controlled and she declined. However, I was clear in my discharges and my understanding that Abby was not continuing on the carprofen and that it was given as a single dose.

While it is unfortunate the owners continued this medication it is my medical opinion that her pancreatitis and severe PLE were the reasons for her continued decline (specifically hypocalcemic seizures due to malabsorption of calcium secondary to PLE) and not the carprofen.

Letters from the veterinary technician (Sierra Stilchen) and hospital manager (Sue Frey) are included.

Dawn Bachman, DVM, DACVIM (SAIM)

A handwritten signature in black ink, starting with a circular flourish and followed by a long, horizontal, slightly wavy line.

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Steven Dow, DVM
Brian Sidaway, DVM

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 21-122

Complainant(s): David and Renee Baker

Respondent(s): Dawn Bachman, DVM (License: 4538)

SUMMARY:

Complaint Received at Board Office: 4/7/21

Committee Discussion: 9/14/21

Board IIR: 10/20/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised

September 2013 (Yellow)

On October 27, 2020, "Abby," an 11-year-old female Yorkshire Terrier was presented to Respondent for evaluation. The dog had been previously diagnosed with Protein Losing Enteropathy and was on multiple medications. Diagnostics were performed and revealed pancreatitis and the dog's albumin and calcium were worse. The dog was likely not absorbing the oral prednisone well therefore Respondent switched to dexamethasone injectable.

During this visit, Complainants reported that the dog was administered carprofen that had been prescribed by their primary veterinarian for their other dog. Respondent states that Complainants were advised by her staff that an NSAID and prednisone should not be given together. It was Respondent's understanding that it was a one-time administration and Complainants would not continue to administer.

According to Complainants, the dog condition declined rapidly and eventually was euthanized on November 7, 2020. They contend that Respondent did not advise that carprofen was contraindicated with prednisone.

Complainant was noticed and appeared.

Respondent was noticed and appeared telephonically. Attorney David Stoll was present.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *David and Renee Baker*
- Respondent(s) narrative/medical record: *Dawn Bachman*
- Consulting Veterinarian(s) narrative/medical records: *Erin Estes, DVM – Suffolk Hills Pet Clinic*

PROPOSED 'FINDINGS of FACT':

1. On October 20, 2020, the dog was presented to Respondent for her initial examination for previously diagnosed severe Protein Losing Enteropathy (PLE). The medical record notes that the dog was diagnosed with PLE and IBD in January 2020. Complainants reported that in the past four (4) days the dog had been vomiting and was inappetent. The dog was currently on the following medications:

- a. Calcitriol
- b. Prednisone
- c. Cobalequine
- d. Chlorambucil
- e. Octreotide
- f. Pro-in
- g. Prescription shampoo and conditioner

2. Upon exam, the dog had a weight = 7.26 pounds, a temperature = 100 degrees, a heart rate = 120bpm, and a respiration rate = 30rpm. Respondent noted lenticular sclerosis to eyes, moderate dental tartar, grade 2/6 heart murmur, and moderate generalized truncal alopecia. Blood work was performed and revealed the dog's PLE was poorly controlled. The dog's albumin, cholesterol, and calcium were low therefore Respondent increased the dog's current prednisone and calcitriol.

3. Respondent discussed with Complainants that PLE cases can be difficult in not impossible to control in some dogs. She explained that the dog's blood work indicated poor control of PLE despite aggressive therapy by previous internists. It was possible that due to the dog's disease, she was not absorbing things well through her GI tract and may need injectable therapy and possible hospitalization to better control her signs. Complainant reported that they were comfortable monitoring and increasing prednisone and calcitriol at that time. Due to Respondent's concerns, she recommended rechecking the dog in 1 – 2 weeks. The dog was discharged with instructions to increase the prednisone dose – 5mg – one tablet every 12 hours. They were to discontinue cobalequin and continue with the other medications.

4. On October 21, 2020, in a follow up call, Complainants reported the dog was doing well.

5. On October 26, 2020, Complainants called to report that the dog's appetite had decreased and was having diarrhea. They had been trying a variety of foods to tempt the dog to eat. Complainants continued mirtazapine and cerenia daily as instructed. They also administered a dose of carprofen due to neck pain that was prescribed by their primary veterinarian for their other dog. Staff member, Ms. Sotomayor, advised Complainants that she would give Respondent the information and call back with her recommendations.

6. Ms. Sotomayor spoke with Respondent and called Complainants back. She stated that since the normal medications were not working – mirtazapine and cerenia – it was recommended the dog have another ultrasound. Complainants agreed and the dog was worked in the next day. No mention of the carprofen administration.

7. On October 27, 2020, the dog was presented to Respondent for severe PLE. The dog was doing worse and was worked in for diagnostics – blood work and abdominal ultrasound. It was noted that Complainants gave a dose of carprofen this day due to neck pain, which was prescribed by the primary veterinarian for their other dog. Respondent's technical staff member, Ms. Stilchen, asked how long they had been giving carprofen and was told only one dose that day. She briefly advised that it is contraindicated to mix an NSAID with steroids due to GI upset and Respondent would not want them to continue administering carprofen to the dog. Ms. Stilchen told Complainant that she would advise Respondent about the one time dose and see if there was anything they needed to do.

8. Upon exam, the dog had a weight = 3kg, a temperature = 101.3 degrees, a heart rate = 130bpm, and a respiration rate = 30bpm. Blood work and abdominal ultrasound was performed which revealed mild pancreatitis, decreased albumin, cholesterol, and calcium despite the increase in prednisone at the last visit. The dog's appetite was also poor.

9. Respondent discussed with Complainants that she was concerned for the dog's poor response to therapy. The dog's oral steroids may not be absorbing well through her GI tract therefore Respondent suggested starting injectable prednisone equivalent with dexamethasone. She also wanted to increase the dog's calcitriol since the calcium level has continued to decline, likely due to the poor absorption through the GI tract as well. Respondent stressed the importance of continuing to monitor the dog with these changes to assess whether additional therapy was needed, especially with the dog's history of hypocalcemia associated seizures.

10. Respondent stated in her narrative that she recommended the dog be checked in 1 – 2 weeks as she felt the dog was rapidly worsening. She also recommended being seen by an emergency facility if the dog worsened and Respondent was not available.

11. The medication changes were discussed with Complainants over the phone and in person by Ms. Stilchen. She referred to the medication list noted on the discharge instructions also. They did discuss the SQ administration of dexamethasone SP briefly.

12. Under the recommended treatment/management section it stated that prednisone should be discontinued, however it also states "do not discontinue." Complainants were to decrease octreotide, increase calcitriol and start dexamethasone injectable.

13. According to Respondent, she did not feel the single dose of carprofen would be detrimental and understood based on communications with both Ms. Stilchen and Complainants that this was not a current medication and would not be continued. Medications were listed in detail on the discharges.

14. On October 30, 2020, the dog was presented to Suffolk Hills Pet Clinic for evaluation. Complainants reported that the dog was difficult to medicate due to the dog's unwillingness to eat. Complainants discharge instructions showed that the dog was getting dexamethasone injections – Complainants also reported they were giving the dog carprofen from a long previous prescription. The dog was to be administered SQ fluids for hydration concerns for a recent diagnosis of pancreatitis.

15. Dr. Koski-Estes's staff advised her of the possible medication interaction and sucralfate was prescribed in addition to SQ fluids and an injection of cerenia. Complainants were advised not to administer any additional NSAIDs and only follow the newest medication prescriptions by Respondent.

16. On November 3, 2020, the dog was again presented to Suffolk Hill Pet Clinic. Complainant's reported that the dog was not eating and they could not administer the cerenia. The dog was administered cerenia and prescribed transdermal mirtazapine. Dr. Koski-Estes's staff instructed Complainants on how to administer SQ fluids to the dog.

17. On November 5th and 6th, 2020, Complainants called Suffolk Hills Pet Clinic to report the dog was not eating, not responding to fluids, congested breathing, coughing up phlegm, and passing large amount of diarrhea. The medical record reads that there was discussion with the receptionist about the dog's quality of life. It is not clear if the dog was referred to an emergency facility for evaluation.

18. On November 7, 2020, the dog was presented to Dr. Koski-Estes due to seizing overnight. The dog was weak, unstable and had not eaten in 5 days. Due to the dog's declining condition, Complainants elected to humane euthanize the dog.

19. Complainants expressed concern that Respondent did not instruct them to discontinue carprofen and warn them of the medication being contraindicated with steroids.

COMMITTEE DISCUSSION:

The Committee discussed that carprofen is a commonly used drug and comes with a lot of

controversy. They did not feel there was evidence to support the medication contributed to the decline or death of the dog. There were symptoms of carprofen but they overlapped with the dog's GI disease. The dog's neurologic condition is what led up to the euthanasia, which is not related to carprofen.

Carprofen's (and other NSAIDs) interaction with prednisone is very well known in the veterinary community. Respondent has treated cases in the past where a pet owner has given the two medications together accidentally. Respondent had thought there was one dose given to the dog and Complainants were instructed to stop giving the carprofen. Therefore this case appears to be a communication issue. Complainants gave the dog medication that was prescribed to their other dog.

The dog had a very serious condition. Covid has made conversations over the phone difficult and it appears there was a miscommunication. If Respondent knew the dog would be receiving more doses of the carprofen, she would have been more proactive. Thankfully, it was caught later and Complainants were instructed to stop giving the carprofen.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division